




## ACCOUNTING VOUCHER

 ACCOUNTING VOUCHER										CONTRACT NUMBER			DATE OF HUD REQUEST			REP APPROVAL					
AGENCY NAME/DELIVERY ADDRESS  Department of Housing & Community Development Project Management Office 501 North Second Street Richmond, Virginia 23219										DATE RECEIVED		BID REF./REQUISITION NO.				TERMS P.O.					
										TFS#											
										VENDOR INVOICE NO.			DUE DATE MO DAY YR		STATE REF NO. OR P.O. NO		AMOUNT PAID				
MUST BE DELIVERED BY					INSIDE DELIVERY <input type="checkbox"/> YES (IF CHECKED)																
Name:																					
Address:																					
City:																					
State:				Zip				—						VOUCHER NUMBER AND DATE		TOTAL AMOUNT PAID					
Vendor ID:				—				Suffix													
<b>PLEASE BE SURE TO INCLUDE ZIP CODE IN ALL ADDRESSES</b> INVOICE TO ADDRESS																					
										GRANTEE NAME				P.O. NUMBER							
										INTRA-AGENCY CONTACT Todd Christensen				TELEPHONE (804) 371-7061							

DESCRIPTION	ACTIVITY	AMOUNT		
<p align="center"><b>IPR ROLLOVER FUND REQUEST</b></p> <p>Subrecipient: _____</p> <p>Contract # _____</p> <p>I certify this request is in accordance with terms and conditions of the referenced contract. The amount is correct and not in excess of current needs.</p> <p>_____</p> <p>Authorized Signature      <i>(blue ink only)</i></p> <p>Date Submitted _____</p> <p>Payment Approved _____</p> <p>DHCD Project Management Office</p>	<p>AMOUNT:</p>	\$		
	TOTAL AMOUNT			

I certify that the P. O. Receiving Report (if applicable), Invoice, and Voucher are in agreement with the merchandise or service being Paid for; and further, that computations and coding on the Voucher are correct and discounts taken are proper.

[illegible]

DESCRIPTION	CURRENT DOCUMENT		SUBSIDIARY ACCOUNT	MULTI-PURPOSE	1099	<input type="checkbox"/> CHECK IF CONTINUATION SHEET ATTACHED
IPR ROLLOVER	NUMBER	SX				